U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

2004

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2475

3. Name and address of person filing.

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

1 / 1 /

4. Name, file number, and address of labor organization.

2004 Through: 12 / 31 /

Name BRUCE Z MILLER	Name NATIONAL POSTAL MAILHANDLERS UNION - LOCAL 310
•	Labor Organization File Number 092-080
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 675 EVANS STREET	Street 675 EVANS STREET
City ATLANTA	City ATLANTA
State Georgia ZIP Code + 4 20303-2752	State Georgia ZIP Code +4 30310-2752
5. Position in labor organization. LOCAL PRESIDENT	
A. Held an interest in, engaged in transactions (including loans) with, or	usions set forth in the instructions): derived income or other economic benefit of
monetary value from an employer whose employees your organizat 6. Name and address of Employer (including trade name, if any).	ion represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	r.b. Allound
City	
State ZIP Code + 4	
The control of the co	
Sign	nature
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the
15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan	Perjury and other applicable penalties of the law, that all of the information ying documents), has been examined by the signatory and is, to the best of the

Hame of clock and BROCE MIDLER	. 110 1731.1301	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PJC GROUP	farmed)	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any SUITE 1525	b. Trust c. Employer	
Street 55 MARIETTA STREET	Namework	
City ATLANTA		
State Georgia ZIP Code + 4 30303		-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name	PJC GROUP, IS THE CERTIFIED PUBLIC AC NPMHU - LOCAL 310	CCOUNTANTS FOR
Trade Name, if any:		Octor chromosom
P.O. Box, Bldg., Room No., if any		петенный макей
Street		
	11.b. Approximate dollar value of such dealing.	\$250,000
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4	MARCH 12, 2004, RECEIVED LUNCH AT RUSTEAKHOUSE. (NOT SURE OF THE EXACT AN ESTIMATE \$ 100.00	
•	12.b. Amount.	\$100
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
		AATTACACACACACACACACACACACACACACACACACA
Name	with the party of the	Trivinosamanda
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		neerstasse oo
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	

	File Number 0-	
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name PJC GROUP	puogenning	
Trade Name, if any:	a. Labor Organization	
inaue Name, ii any.	b. Trust	
P.O. Box, Bldg., Room No., if any SUITE 1525	c. Employer	
Street 55 MARIETTA STREET	C. Employer	
City ATLANTA		
State Georgia ZIP Code + 4 30303		
Georgia Zir Code + 4 50505		-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name .	PJC GROUP, IS THE CERTIFIED PUBLIC NPMHU - LOCAL 310	ACCOUNTANTS FOR
	NEPHO - LOCAL SIO	Transfer in the Control of the Contr
Trade Name, if any:		, and the second
P.O. Box, Bldg., Room No., if any		re d'intervent de la constant de la
Street		
City	11.b. Approximate dollar value of such dealing.	\$250,000
	12.a. Nature of interest held or income received.	
OF-F-	APRILO 29,2004 RECEIVED LUNCH AT M	AGGTANOS
State ZIP Code + 4	APRILO 29,2004 RECEIVED LUNCH AT MERITAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00	
State ZIP Code + 4	RESTAURANT. (NOT SURE OF THE EXACT	AMOUNT) BEST
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount. er parts A and B above) or other thing of value.	
C. Received from any employer (other than an employer covered under	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount.	AMOUNT) BEST
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount. er parts A and B above) or other thing of value.	AMOUNT) BEST
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount. er parts A and B above) or other thing of value.	AMOUNT) BEST
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C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount. er parts A and B above) or other thing of value.	AMOUNT) BEST
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	RESTAURANT. (NOT SURE OF THE EXACT ESTIMATE \$ 75.00 12.b. Amount. er parts A and B above) or other thing of value.	AMOUNT) BEST

Name of Person Filing BRUCE MILLER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name PJC GROUP	a. Labor Organization
P.O. Box, Bldg., Room No., if any SUITE 1525	b. Trust
Street 55 MARIETTA STREET	c. Employer
City ATLANTA	
State Georgia ZIP Code + 4 30303	-
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	PJC GROUP, IS THE CERTIFIED PUBLIC ACCOUNTANTS FOR NPMHU - LOCAL 310
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. \$250,000
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	JUNE 28, 2004 RECEIVED DINNER AT CAPTAIN JOES RESTAURANT. (NOT SURE OF THE EXACT AMOUNT)BEST ESTIMATE \$ 26.00
	12.b. Amount. \$26
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money	er parts A and B above) or other thing of value.
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	
City	A Company of the Comp
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing BRUCE MILLER	File Number U-
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or including with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name FIRST HEALTH	
Trade Name, if any:	a. Labor Organization
P.O. Box, Bldg., Room No., if any	b. Trust
Street 3200 HIGHLAND AVENUE	c. Employer
City DOWNERS GROVE	
State Illinois ZIP Code + 4 60515	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name	FIRST HEALTH ADMINISTERS THE UNION SPONSORED HEALTH PLAN.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	
Street	11.b. Approximate dollar value of such dealing. Over, Billimi
City	12.a. Nature of interest held or income received.
State ZIP Code + 4	JULY 23, 2004, SELF & SPOUSE, RECEIVED DINNER AT
	CAPITAL GRILL RESTAURANT, (NOT SURE OF THE EXACT AMOUNT). BEST ESTIMATE \$ 160.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160
or from any labor relations consultant to an employer any payment of money	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any:	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 Private A and B above) or other thing of value.
or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	AMOUNT) . BEST ESTIMATE \$ 160.00 12.b. Amount. \$160 er parts A and B above) or other thing of value. 14.a. Nature of payment.